

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Morales, Roy

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ NA

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 23,234.99

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ NA

4. TOTAL POLITICAL EXPENDITURES \$ 19,757.93

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 616.58

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,200.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

PAMELA R. BAKER
Notary Public, State of Texas
My Commission Expires 08/27/2008

Rogelio Morales Jr
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Rogelio Morales Jr, this the 4th day of May, 2007, to certify which, witness my hand and seal of office.





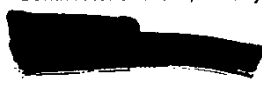
Pamela R. Baker
Signature of officer administering oath

PAMELA R. BAKER
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 1/12 Report 3/24	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/13/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R Club PAC Account	7. Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Political Action Committee		10 Employer (See Instructions)	
Date 4/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Condo, Kathleen	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caram, Dorothy	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/16/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucke, Nancy	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/17/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie, John	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 2/12 Report 4/24	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/21/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, John and Penny	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/21/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Robert	Amount of contribution (\$) \$60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/21/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Streusand, Kathy	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)	
Date 4/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casas, Eduardo	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Matthew	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) CES, Inc	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS** **SCHEDULE A**

The Instruction Guide explains how to complete this form. **1** Total pages Schedule A:
Schedule: 3/12 Report 5/24

2 FILER NAME
MORALES, ROY (MR.) **3** ACCOUNT # (Ethics Commission filers)

4 Date 4/23/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marek, R. Stan	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	

9 Principal occupation / Job title (See Instructions) **10** Employer (See Instructions)

Date 4/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashby, J.C.	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luker, Ernest	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lampe, Charlotte	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)






Date 4/26/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Janiece	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 4/12 Report 6/24	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/26/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Cheryl	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Greg	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Pat	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scarbrough, Daphne	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crockett, Martha	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**






SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 5/12 Report 7/24	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/28/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waggoner, Virgil	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) CEO		10 Employer (See Instructions) Self Employed	
Date 4/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salinas, Salvador	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finkleman, Steven	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) Scope Imports	
Date 4/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Clymer	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self Employed	
Date 4/28/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whiteford, Louise	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS






SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 6/12 Report 8/24	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearl, Robert	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/30/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frost, Charles Jr.	Amount of contribution (\$) \$249.99	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/30/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howenstine, John	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Investment Co. Owner		Employer (See Instructions) Self Employed	
Date 4/30/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Gelacio	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) Self Employed	
Date 4/30/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Li, Kenneth Chi	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A: Schedule: 7/12 Report 9/24	
2 FILER NAME MORALES, ROY (MR.)				3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gutierrez, Elizabeth	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)		
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)			
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 5/2/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCall, Patricia	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)		
Date 5/2/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrow, Roger	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 5/3/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesnut, Angela	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 5/3/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Basaldua, Martin	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)		
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Medical Doctor			Employer (See Instructions) Self Employed		

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 8/12 Report 10/24	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/4/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeidman, Fred	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Chairman		10 Employer (See Instructions) Turnaround Partners, Inc	
Date 5/4/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Builders & Contractors PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/4/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Fred	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/4/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christie, Jack	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/4/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moran, Patrick	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code [REDACTED]		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Moran Exploration	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS






SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 9/12 Report 11/24	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/13/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frassanito, Joyce 6 Contributor address; City; State; Zip Code 	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/18/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdes, Darryl Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/19/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neukomm, Frank Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/30/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Lincoln Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/30/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sahu, Upendra Contributor address; City; State; Zip Code 	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**




SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: Schedule: 10/12 Report 12/24	
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/2/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott, Jan	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/2/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Matthew	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) CES Inc	
Date 5/3/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birney, Leeshan	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Stone Mountain Properties	
Date 4/27/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) "C" Club of Houston PAC	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) Mail
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/15/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denike, John and Dot	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) Coffee Event
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

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2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/16/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warburton, Stan and Joan	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) \$75.00 Wine & Cheese Event
6 Contributor address; City; State; Zip Code 9523 Moorberry Lane Houston TX 77080		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Judith/Nixon, Allyson/Larson, Barbara/Meyers, Sandie	Amount of contribution (\$)	In-kind contribution description (if applicable) \$50.00 Coffee Event
Contributor address; City; State; Zip Code 2301 Seagler Houston TX 77042		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/23/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Ned	Amount of contribution (\$)	In-kind contribution description (if applicable) \$50.00 Coffee Event
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/24/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scharlach, Dick and Kitty	Amount of contribution (\$)	In-kind contribution description (if applicable) \$50.00 Coffee Event
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/25/2007	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vague, Jima and Mary Jo	Amount of contribution (\$)	In-kind contribution description (if applicable) \$50.00 Coffee Event
Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/30/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Victor and Norma	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) \$495.00 Coffee
6 Contributor address; City; State; Zip Code 		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F Schedule: 1/9 Report 15/24
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/13/2007	5 Payee name Pay Pal 6 Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145	7 Amount (\$) \$3.20
8 Purpose of payment (See instructions regarding type of information required.) Internet Contribution Merchant Fee (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/13/2007	Payee name Jordan, Justin Payee address; City; State; Zip Code 14515 Sweetwater View Houston, TX 77047	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Campaign Assistance (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/13/2007	Payee name US Postmaster Payee address; City; State; Zip Code Houston, TX	Amount (\$) \$240.00
Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/13/2007	Payee name Katy Printer, Inc Payee address; City; State; Zip Code 5807 Hwy Blvd Katy TX 77492	Amount (\$) \$180.78
Purpose of payment (See instructions regarding type of information required.) Printed Material (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES **SCHEDULE F**

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F:
Schedule: 2/9 Report 16/24

2 FILER NAME **MORALES, ROY (MR.)** 3 ACCOUNT # (Ethics Commission filers)

4 Date 4/14/2007	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code Houston TX	7 Amount (\$) \$216.00
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8 Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/14/2007	Payee name Office Depot Payee address; City; State; Zip Code 8202 Kirby Drive Suite 1240 Houston TX 77054	Amount (\$) \$101.73
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Purpose of payment (See instructions regarding type of information required.) Office Supplies (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/16/2007	Payee name Sign Here Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003	Amount (\$) \$200.00
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Purpose of payment (See instructions regarding type of information required.) Campaign Assitance (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/17/2007	Payee name Business Extension Bureau Payee address; City; State; Zip Code 4802 Travis Houston, TX 770002	Amount (\$) \$2,209.83
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Purpose of payment (See instructions regarding type of information required.) Printed Material (If travel outside of Texas, complete Schedule T)	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: Schedule: 3/9 Report 17/24
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/17/2007	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code Houston TX	7 Amount (\$) \$144.00
8 Purpose of payment (See instructions regarding type of information required.) Printed Material (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/17/2007	Payee name NX Media Payee address; City; State; Zip Code 6118 Aletha Lane Houston TX 77081	Amount (\$) \$243.56
Purpose of payment (See instructions regarding type of information required.) Printed Material (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/18/2007	Payee name Pay Pal Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145.	Amount (\$) \$1.32
Purpose of payment (See instructions regarding type of information required.) Internet Contribution Merchant Fee (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 4/18/2007	Payee name Sign Here Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Campaign Assistance (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:
Schedule: 4/9 Report 18/24

2 FILER NAME
MORALES, ROY (MR.)

3 ACCOUNT # (Ethics Commission files)

4 Date 4/18/2007	5 Payee name US Postmaster 6 Payee address; City; State; Zip Code Houston TX	7 Amount (\$) \$240.00
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8 Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/19/2007	Payee name Pay Pal Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145	Amount (\$) \$7.55
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Purpose of payment (See instructions regarding type of information required.) Internet Contribution Merchant Fee (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/20/2007	Payee name US Postmaster Payee address; City; State; Zip Code Houston TX	Amount (\$) \$192.00
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Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 4/21/2007	Payee name US Postmaster Payee address; City; State; Zip Code Houston TX	Amount (\$) \$240.00
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Purpose of payment (See instructions regarding type of information required.) Postage (If travel outside of Texas, complete Schedule T)	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES **SCHEDULE F**

The Instruction Guide explains how to complete this form. **1** Total pages Schedule F:
Schedule: 5/9 Report 19/24

2 FILER NAME **MORALES, ROY (MR.)** **3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name Business Extension Bureau	7 Amount (\$)
4/23/2007	6 Payee address; City; State; Zip Code 4802 Travis Houston, TX 77002	\$3,610.00

8 Purpose of payment (See instructions regarding type of information required.) Printed Material (If travel outside of Texas, complete Schedule T)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name Michael Franks Printing 4802 Travis Houston, TX 77002	Amount (\$)
4/25/2007	Payee address; City; State; Zip Code 404 I-45 South Huntsville TX 77340	\$500.00

Purpose of payment (See instructions regarding type of information required.) Printed Material Deposit (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name Business Extension Bureau	Amount (\$)
4/26/2007	Payee address; City; State; Zip Code 4802 Travis Houston, TX 77002	\$2,300.00

Purpose of payment (See instructions regarding type of information required.) Printed Material (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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Date	Payee name Proguard	Amount (\$)
4/26/2007	Payee address; City; State; Zip Code 2915 Old Spanish Trail Houston TX	\$169.00

Purpose of payment (See instructions regarding type of information required.) Storage Rental Unit (If travel outside of Texas, complete Schedule T)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: Schedule: 6/9 Report 20/24
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/27/2007	5 Payee name Business Extension Bureau 6 Payee address; City; State; Zip Code 4802 Travis Houston, TX 77002	7 Amount (\$) \$2,223.96
8 Purpose of payment (See instructions regarding type of information required.) Printed Material (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/27/2007	Payee name Sprint Digital Print Payee address; City; State; Zip Code 8748 Clay Rd., Suite 300 Houston TX 77080	Amount (\$) \$1,190.75
Purpose of payment (See instructions regarding type of information required.) Printed Material (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/27/2007	Payee name Sign Here Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003	Amount (\$) \$200.00
Purpose of payment (See instructions regarding type of information required.) Campaign Assistance (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/29/2007	Payee name Sign Here Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003	Amount (\$) \$100.00
Purpose of payment (See instructions regarding type of information required.) Campaign Assistance (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: Schedule: 7/9 Report 21/24
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 4/29/2007	5 Payee name Sign Here <hr/> 6 Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003	7 Amount (\$) \$45.00
8 Purpose of payment (See instructions regarding type of information required.) Sign Placement Supplies (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/30/2007	Payee name Pay Pal <hr/> Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145	Amount (\$) \$1.03
Purpose of payment (See instructions regarding type of information required.) Internet Contribution Merchant Fee (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/30/2007	Payee name Pay Pal <hr/> Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145	Amount (\$) \$3.20
Purpose of payment (See instructions regarding type of information required.) Internet Contribution Merchant Fee (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 4/30/2007	Payee name Levine, Burt <hr/> Payee address; City; State; Zip Code 3525 Sage Rd, Suite 509 Houston TX 77056	Amount (\$) \$150.00
Purpose of payment (See instructions regarding type of information required.) Campaign Assistance (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule F: Schedule: 8/9 Report 22/24</p>
<p>2 FILER NAME MORALES, ROY (MR.)</p>		<p>3 ACCOUNT # (Ethics Commission filers)</p>
<p>4 Date 5/1/2007</p>	<p>5 Payee name LULAC District VII's Cinco De Mayo Parade</p> <p>6 Payee address; City; State; Zip Code 5207 Airline Dr. Suite 102 Houston, TX 77022</p>	<p>7 Amount (\$) \$125.00</p>
<p>8 Purpose of payment (See instructions regarding type of information required.) Parade Fee</p> <p>(If travel outside of Texas, complete Schedule T)</p>		<p>9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held</p>
<p>Date 5/1/2007</p>	<p>Payee name Sprint Digital Print</p> <p>Payee address; City; State; Zip Code 8748 Clay Rd., Suite 300 Houston TX 77080</p>	<p>Amount (\$) \$941.78</p>
<p>Purpose of payment (See instructions regarding type of information required.) Printed Material</p> <p>(If travel outside of Texas, complete Schedule T)</p>		<p>-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held</p>
<p>Date 5/1/2007</p>	<p>Payee name Sign Here</p> <p>Payee address; City; State; Zip Code 1719 Live Oak Houston, TX 77003</p>	<p>Amount (\$) \$200.00</p>
<p>Purpose of payment (See instructions regarding type of information required.) Campaign Assistance</p> <p>(If travel outside of Texas, complete Schedule T)</p>		<p>-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held</p>
<p>Date 5/2/2007</p>	<p>Payee name Pay Pal</p> <p>Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145</p>	<p>Amount (\$) \$1.75</p>
<p>Purpose of payment (See instructions regarding type of information required.) Internet Contribution Merchant Fee</p> <p>(If travel outside of Texas, complete Schedule T)</p>		<p>-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held</p>

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POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: Schedule: 9/9 Report 23/24
2 FILER NAME MORALES, ROY (MR.)		3 ACCOUNT # (Ethics Commission filers)
4 Date 5/2/2007	5 Payee name Pay Pal 6 Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145	7 Amount (\$) \$72.80
8 Purpose of payment (See instructions regarding type of information required.) Internet Contribution Merchant Fee (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/3/2007	Payee name Pay Pal Payee address; City; State; Zip Code P.O. Box 45950 Omaha NE 68145	Amount (\$) \$14.80
Purpose of payment (See instructions regarding type of information required.) Internet Contribution Merchant Fee (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/3/2007	Payee name Business Extension Bureau Payee address; City; State; Zip Code 4802 Travis Houston, TX 77002	Amount (\$) \$3,000.00
Purpose of payment (See instructions regarding type of information required.) Printed Material (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 5/3/2007	Payee name Katy Printer, Inc Payee address; City; State; Zip Code P.O. Box 808 Katy TX 77492-0808	Amount (\$) \$167.00
Purpose of payment (See instructions regarding type of information required.) Printed Material (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:
Schedule: 1/1 Report 24/24

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

<p>4 Date 4/17,18,21,25, 28/2007</p>	<p>5 Payee name Morales, Roy</p> <p>6 Payee address; City; State; Zip Code [REDACTED]</p> <p>7 Purpose of expenditure (See instructions regarding type of information required.) Fuel Costs (If travel outside of Texas, complete Schedule T)</p>	<p>8 Amount (\$) \$190.51</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date 5/2,3/2007</p>	<p>Payee name Morales, Roy</p> <p>Payee address; City; State; Zip Code [REDACTED]</p> <p>Purpose of expenditure (See instructions regarding type of information required.) Fuel Costs (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$) \$81.38</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p><input checked="" type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>
<p>Date</p>	<p>Payee name</p> <p>Payee address; City; State; Zip Code</p> <p>Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)</p>	<p>Amount (\$)</p> <p><input type="checkbox"/> Reimbursement from political contributions intended</p>

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